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ABSTRACT

The increase in the incidence and mortality rates of Acquired Immune Deficiency Syndrome (AIDS) and other sexually transmitted diseases (STDs) for Americans in the United States suggests that health communicators need to reach sexually active Americans with prevention information. If successful interpersonal communication skills can be cultivated, then those skills can be applied to the negotiation of safe sex practices between sexual partners. Application of communication theory may add to the concept and practice of prevention. Dr. A. Grieco, in an article titled "Cutting the Risks for STDs," provided behavioral scripts or scenarios entitled "Discussing Condoms with Resistant, Defensive, or Manipulative Partners." These scripts can be critically analyzed and their message strategies described using theories of persuasion, compliance gaining, compliance resistance, conflict management, and power. Prevention, through the use of message strategies in sexual influence situations, is a function of interpersonal communication and persuasion. (Fourteen references are attached, and an appendix contains Dr. Grieco's scripts.) (SR)

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INTERPERSONAL COMMUNICATION BETWEEN PARTNERS: ADDRESSING THE ISSUES OF SAFE SEX PRACTICES

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Running Head: INTERPERSONAL COMMUNICATION BETWEEN PARTNERS

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Abstract

The increase in the incidence and mortality rates of AIDS and other sexually transmitted diseases for Americans in the United States suggests that health communicators need to reach sexually active Americans with prevention information. The following paper discusses the application of communication theory to the concept of prevention. It includes discussions of the following theories: persuasion, compliance gaining, compliance resistance, conflict management, and power. These theories are the basis for critically analyzing several message strategies proposed by Greico (1987). The message strategies linked to the attitude and/or behavior change concerning safe sex practices are a significant contribution in the facilitation of discussion between partners, they are not a panacea for the growing infection rates among Americans.

Interpersonal Communication Between Partners:

Addressing the Issues of Safe Sex Practices

Presently, we live in an age where the potential consequences of sexual behavior is quite dangerous. Never before has there been such a tremendous societal need to increase understanding about sexual intimacy and communication and disease prevention.

According to official April 1989 estimates from the Centers for Disease Control, 1 to 1.5 million people in the United States and 5 to 10 million people worldwide have been infected with the human immunodeficiency virus (HIV) (CDC cited by Painter, 1989). The implications of the HIV virus is far reaching.

Due to the inability of medical researchers to find a cure for the infection, the next logical step, prevention, must be considered (Painter, 1989). To date, prevention is the only effective means available to stop the spread of the disease (Becker & Joseph, 1988). However, prevention can only be effective when individuals can be persuaded to avoid risky behaviors, such as unprotected sex (Edgar, Hammond, & Freimuth, 1989). Effective interpersonal persuasion changes the way sex and sexuality are viewed.

"Cutting the Risks for STDs" (Grieco 1987) presents ways of convincing individuals to change their negative attitudes toward prevention and the discussion of safe sex practices with their partners. Although all of these issues are important, the focus of this article is the discussion of safe sex practices between partners (Grieco, 1987).

The purpose of this paper is to critically analyze the suggested ways of facilitating discussions about safe sex practices. The rationale for this analysis is based upon the idea that prevention is one of the important keys to reducing the spread of sexually transmitted diseases. It can be hypothesized that if successful interpersonal communication skills can be cultivated, then those skills can be applied to the negotiation of safe sex practices between sexual partners.

In this paper the Grieco article serves as the basis for analysis. The article will be compared to the most recent health communication information in the field and then synthesized with those communication concepts deemed most relative. The suggested strategies and approaches for initiating and conducting discussions will be extracted and formally critiqued. Relational aspects of power and conflict are introduced and alternative strategies are reviewed.

Prevention of sexually transmitted diseases (STDs) is largely an effort to change behavior in those considered to be at-risk. Attempting to change sexual behaviors typically involves sensitive interpersonal issues (Grieco, 1987). Therefore, interpersonal communication plays a crucial role in the behavioral measures necessary to prevent the transmission of AIDS. Thus, there needs to be a significant increase of skillful communication between sexual partners (Edgar, Freimuth, & Hammond, 1988).

Grieco (1987) states that many sexual behaviors typically involve verbal negotiations between two people: broaching the topic of condom use; dealing with partner defensiveness or refusal to use condoms; identifying and negotiating sexual alternatives; and using empathy and assertiveness in reaching agreements. These behaviors require specific interpersonal skills.

Very often, physicians and other health professionals expect those who are "at-risk" to be proficient in the skills necessary to achieve safe sex practices (e.g., using a condom). Health professionals frequently distribute free information and product samples, while neglecting to include negotiation instructions and words of encouragement. For instance, many health facilities provide free condoms but the packets do not contain instructions concerning how they are to be used or how to ask the partner to wear one during sex. The combination of information and free samples without interpersonal instruction often leads to unprotected sexual encounters. However, a much higher rate of success can be achieved when attempts are made to motivate "at-risk" individuals to adopt these safe sex practices (Grieco, 1987). Grieco supports behavior modification of at-risk individuals through the enhancement of communication skills.

LITERATURE REVIEW

The practice of safe sex is seen as being unique. Safe sex cannot be practiced by one person without the knowledge and cooperation of another, unless one partner is completely naive to the realities of sexuality. Safe sex can not be carried out unobtrusively; like many other health prevention measures. This is especially true in the case where a condom is used, both partners will be totally aware of what behavior is occurring. Agreement and cooperation are necessary conditions for the successful completion of appropriate behaviors (Edgar, Hammond, & Freimuth, 1989).

There are many occasions when safe sex should be practiced but is often not. In order to understand why unprotected sex may occur, several interpersonal communication variables need to be examined. According to Edgar, et. al. (1989), compliance gaining, compliance-resistance, and conflict management are three of the most important variables.

Compliance-gaining

"Compliance involves a process of social influence wherein the real, imagined, or implied presence of one person affects the behavior of another. Each person can and does influence the other" (DiMatteo & DiNicola, 1982, p.252). This ability to influence another person's attitudes or behavior is an essential component of sexual encounters (Edgar & Fitzpatrick, 1989), but strategy selection is actually what matters in sexual interactions, according to health communication research.

Researchers have contributed to the development and refinement of typologies of influence strategies. Some of these typologies were utilized in the creation and categorization of messages, for example, the development of a three-step inductive process (Cody, McLaughlin, & Jordan, 1980; Schenck-Hamlin, Wiseman, & Georgacarokos, 1982) while other researchers began to look at the practical applications of these strategies (McCormick, 1979). These strategies can help to clarify what type of message is being transmitted between two sexual partners.

Witteman and Fitzpatrick (1986) were two practical researchers who developed and validated a coding scheme designed to examine actual conversational transcripts in order to uncover types of persuasive messages (Edgar & Fitzpatrick, 1989).

According to Witteman and Fitzpatrick (1986), persuasive messages can be standardized into a typology consisting of three categories. These categories will be used to analyze the messages that Grieco suggests. This typology, the Verbal Interaction Compliance-Gaining Scheme (VICS), was chosen because it defines the influence and power one has at their disposal. The VICS categorizes messages into one of three broad classes of influence:

Activity and Power. Messages can induce compliance because of the expectancies or consequences associated with interactants' behavior. Activity messages stress the positive or negative outcomes an individual can expect by engaging in specific behaviors; while power messages emphasize the consequences of compliance or non-compliance.

Us, Direct, and Search. Messages can induce compliance because of the interactants' conception of the relationship and the requirements entailed by belonging to it. Us messages specifically reference the relationship between communicators of their feelings for one another. Direct messages reference the specific situation and actually ask for compliance, implying the relationship between the communicators as the reason. Search messages are non-evaluative questions which ask for the opinions and so forth of the other person.

Me, You, and External messages concern how the speaker sees and values the self, the partner and external factors affecting the persuasive act. These messages can induce compliance because of the values or obligations held by the spouses [i.e. lovers] (Witteman & Fitzpatrick, 1986).

Compliance Resistance

DiMatteo and DiNicola (1982) state that any process of influence (i.e. compliance) is invariably double-sided in nature. Therefore, the other side of influence needs to be examined as well. So far, discussion has revolved around how to get one partner to comply with the other partner's requests. If only compliance literature is considered, one might believe that utilization of the "right" messages will always result in compliance. This view is incorrect when the notion of compliance resistance is considered.

When a persuader (one who advocates the use of safe sex practices) makes a request known to his/her partner and the partner agrees to comply, the persuader has been successful and compliance has occurred. On the other hand, when the persuader makes a request to his/her partner and the request is refused, that refusal is "compliance-resistance". Specifically, four message strategies have been found to be salient in resisting compliance: negotiation, identity-management, justifying, and non-negotiation strategies. McLaughlin, Cody, and Robey (1980) found that the use of their compliance-resistance messages varied based on the risk involved to the message recipient in implementing the strategy, along with situational factors (Manusov, 1989). In various situations there may be several reasons compliance does not take place. Of all these reasons, reluctance to discuss the issue is noteworthy because discussion decreases the spontaneity and changes the mood of the sexual encounter. Therefore, it is often believed that discussion can make sex contrived and less pleasurable, especially if sexual negotiation skills are weak (Edgar & Fitzpatrick, 1989). To go one step further, the use of these weakened skills could result in conflict and ultimately resistance.

Conflict Management

As has been pointed out, the mere act of requesting safe sex during a sexual encounter does not guarantee compliance. Therefore, because a request is made does not mean that it will be granted; this could result in power conflict. For example, "by refusing sex, a woman resists the males' wishes which, presumably, results in the man's wish to overcome her resistance. Thus, both

sexual initiation and resistance can be said to be power attempts in that, through such action, individuals seek to modify the other's behavior in a manner which she/he desires" (Grauerholz & Serpe, 1985, p.1043). This example illustrates what Grauerholz and Serpe (1985) describe as traditional sexual interaction that represents a typical power exchange or "conflict situation".

The concept of power can be linked to the concept of dependency----the most powerful person is the one who is the least dependent. In a sexual context, power is usually defined by sex-role stereotypes. Traditionally, societal norms have given men the prerogative to control sexual encounters while simultaneously giving women the opportunity to refuse this control (Grauerholz & Serpe, 1985).

> This perception inhibits men and women from exercising proactive power which allows one the freedom to initiate expressions of sexual desire and maintain sexual autonomy. Instead, persons who are dissatisfied or uncomfortable with a sexual encounter may feel that their only recourse is to employ reactive power. In a sexual situation this form of power is most typically manifested in resistance or refusal to participate in the unwanted behavior. The female, for instance, may inform her partner that if he will not wear a condom during intercourse, then she will not have sex with him (Edgar, et. al., 1989).

Such an approach to preventing unsafe sex like the one above, could result in increased conflicts. Expressions of sexual desires need to be openly discussed in order to help reduce conflicts. Open discussions can best be achieved through the use of message strategies (Grieco, 1987).

ANALYSIS OF MESSAGE STRATEGIES

Analytical Framework. Within the contents of "Cutting the Risks for STDS", Dr. Grieco offers advice to help health professionals in their roles of providing information and education to patients. According to Siegel, Grodsky, and Herman (1986), health professionals are obligated to uphold the following philosophy: "Until an effective treatment or vaccine for AIDS is developed, the principal strategy for stemming its spread will remain education aimed at trying to persuade at-risk and infected gay individuals (as well as IV drug users and heterosexuals) to modify sexual

practices implicated in the transmission of the causative viral agent, HTVL-III (or AIDS)". (p.233)

One point of advice offered is to simply provide behavioral scripts for patients that deemphasize power. Dr. Grieco (1987) suggests that it is best if scripts or scenarios are made available in printed form. He continues by providing such a script or scenarios which are entitled "Discussing Condoms with Resistant, Defensive, or Manipulative Partners". The scenarios are divided into four categories: You Don't Need It, It's a Turn-Off, Alternatives, and Manipulative Ploys (see appendix I). All four of these categories assume that sexual partners experience resistance in sexual encounters where condom use is an issue (Partner Response). However,partner questions or concerns can be answered (Rejoinder) when message strategies are employed that are successful (Edgar & Fitzpatrick, 1988). As previously stated, the Verbal Interaction Compliance-Gaining Scheme will be used as an analytical framework. The scheme has three broad classes of influence, which will be the basis for discussion. Witteman & Fitzpatrick (1986) devised a set of typologies that included activity, power, "us", direct, search, "me", "you", and external messages; where as Grieco created only four. Due to their shared similarities---power, influence, and negotiation, Dr. Grieco's message strategies can be described using the VICS categories by Witteman and Fitzpatrick.

Message Strategies. The need for a positive self-image is a powerful factor which can interfere with the practice of safe sex. People are always concerned with the way they present themselves to others, but this concern is especially great during interactions such as sexual intercourse. During such an encounter, one may feel that a request for safe sex is an expression of fear and anxiety which could openly be construed as an insult by the other person. However, the implicit disclosure of negative feelings and the request for safe sex can contribute to the intimacy of a relationship if approached positively (Edgar, Hammond & Freimuth, 1989). The idea of positive approach is woven throughout the compliance-gaining literature, but, more specifically it can be seen in Dr. Grieco's scenarios and scripts. The scenarios and scripts are written with

positive wording. The examples below are taken from "Discussing Condoms with Resistant, Defensive or Manipulative Partners" (Grieco, 1987, pp.78-83):

Example 1 Example of an activity message

Partner Response: "I'll lose my erection by the time I stop and put it on."

Rejoinder: "Maybe I can help you put it on----that might give you extra sensations, too." (p.78)

This type of strategy stresses that attention is to be placed on the positive aspects of the behavior with which the source wants the other person to comply (Edgar & Fitzpatrick, 1988). The partner is attempting to persuade the other individual that safe sex practices can be just as erotically pleasing as usual sexual activities can be. If a persuader can convince their partner of this increased pleasure, then successful compliance is believed to follow (Edgar & Fitzpatrick, 1988).

Example 2 Example of a power message

Partner Response: "I won't have sex with you if you're going to use a condom."

Rejoinder: "Lets put it off then, until we have a chance to work out differences." or "OK. But can we try some other things besides intercourse?"(p.83)

This strategy puts the partner in the position of performing a quick reward analysis. They have to decide whether it is more important to comply with the safe sex behavior or forego sexual intercourse. This power message is aimed at controlling or constraining the partner's behavior. The partner must ask----should I negate the attempt at control and end the opportunity for interaction? Unlike some other compliance-gaining situations, the behavioral context is such that if immediate satisfaction is desired, one does not have the luxury of postponing the decision for further thought (Edgar & Fitzpatrick, 1988). This example communicates dominance through an ultimatum, but at the same time includes a compromise so as to help minimize conflicts.

Example 3 Example of an Us message

Partner Response: "I'm on the Pill, you don't need a condom."

Rejoinder: "I'd like to use it anyway. It protects us both from infections we may not realize we have." (p.78)

This notion of "Us" is a strategy which comes from the relationship between the two partners. Asking a partner to take preventive measures is more critical in a casual relationship where the partners are not familiar with one another's past and where routine patterns of interacting are not yet firmly established (Edgar & Fitzpatrick, 1988). Command of good interpersonal skills are applicable in this situation. It is the contention of Lewis & Lewis (1987) that it is important to know your partner. Safe sex practices actually start before the first touch (i.e. cautious selection of a partner).

Example 4 Example of a You message

Partner Response: "I love you! Would I give you an infection?"

Rejoinder: "Not intentionally, of course not. But many people don't know they're infected. I feel this is best for both of us at this time" (p.83).

This example of a "you" message relies on an appeal to the characteristics of the individual partners. Thus, if the persuader is familiar with the partner's sexual past and believes that the individual is at high risk due to promiscuity, a negative "you" message might be utilized(i.e. the persuader could accuse the other partner of promiscuity and blame him/her for the problems in the relationship). The message is telling the partner that she/he should practice safe sex because she/he has previously behaved in an unacceptable manner (having many sexual partners). A positive "you" strategy would reflect a concern for the other person's well being" (Edgar & Fitzpatrick, 1988, p.399). The above example from Dr. Grieco's article demonstrates both of these messages without making the other partner feel insulted or rejected. Edgar, et. al. (1989) explains the need for

partners to realize that disclosure about negative feelings and fears is a risk proposition, but it can also be positive.

The message strategies that Witteman & Fitzpatrick (1986) called direct, search, and external messages were not exemplified in Dr. Grieco's work. However, of the three types of messages, the direct message will be discussed further. The other two types of messages will not be discussed because they are situationally dependent upon whether the partners are seeking information or looking at issues outside of their immediate relationship (i.e. culture, morality, social norms).

In general, sex researchers use the term "direct" to mean any sexual compliance message in which the persuasive force of the message depends on one partner's awareness of how the other partner is attempting to gain compliance (McCormick, 1979). Edgar and Fitzpatrick (1988) further explain that "the direct request for compliance involves the least amount of evaluation and manipulation. In this situation the partner is candid about the action s/he desires from the other partner. No stipulations are attached. They simply ask that their partners comply with their wishes and the partners respond affirmatively" (p. 397). A view of compliance such as this is indeed naive. It leads one to believe that it is quite simple to use the "right" sort of message strategy and gain compliance as a result (Edgar & Fitzpatrick, 1989). The use of direct messages as well as all the other VICS categories come under the guise of persuasion and influence.

Imbedded in the scenarios are four VICS strategies. These strategies are used to attempt to get an individual who refuses to practice safe sex to change their opinion. Therefore, the individual who desires safe sex is trying to utilize persuasive strategies which will convince the reluctant one to have a change of attitude. This change in attitude is interpersonal persuasion. One of the most important techniques in interpersonal persuasion is that "the persuader must consider the reasons why his/her partner is reluctant to practice safe sex behaviors. In other words, the construction of successful messages is futile unless the persuader has a sense of why

resistance has occurred. For instance, a male may not wish to use a condom because he feels that the pleasure of the sex act is diminished. This information may be obtained by his partner in a non-threatening manner through the use of non-judgmental response skills" (Edgar, et.al., 1989, p.16).

Power, persuasion and compliance

The scripts and scenarios presented in "Discussing Condoms with Resistant, Defensive, or Manipulation Partners" are written in a non-threatening and non-judgmental manner. As a point of illustration:

Partner Response: "This is an insult! You seem to think I'm some sort of disease-ridden slut or gigolo."

Rejoinder: "I didn't say or imply that. I care about us both and about our relationship. In my opinion, it's best to use a condom." (p.83)

This scenario is a good example of what the interpersonal communication literature recommends. The script contains "Us" messages which imply that a behavior should be adopted as a benefit for both partners. The mention of "our relationship" makes a note of the intimate interpersonal link between the partners. The script is written in such a way that neither partner is insulted because the language style is neither threatening nor judgmental (Edgar, et. al., 1989; Edgar & Fitzpatrick, 1988). Grieco (1987) meets these criteria and carries out the interpersonal communication a step further with the introduction of alternative possibilities.

Partner Response: "Condoms are unnatural, fake, a total turn-off."

Rejoinder: "There's nothing great about genital infections either. Please let's try to work this out---either give the condom a try or let's look for alternatives." (p.78)

This scenario promotes the idea of using negotiation in sexual situations. Negotiation can be quite effective in gaining sexual compliance if basic principles of interpersonal persuasion followed safe sex practices (Edgar, Hammond, Freimuth, 1989).

Ideally, compliance can be achieved or improved if effective interpersonal persuasion is used without the interference of power. Greico provides some examples with the introduction of alternative strategies.

DISCUSSION

Due to the seriousness of sexually transmitted diseases, it is wise that individuals give more consideration to their selection of sexual partners and the types of sexual behaviors practiced. In conjunction with partner selection and sexual practices, an individual needs to brush up on his/her interpersonal communication skills used in compliance-gaining. After all, skillful compliance-gaining potentially can save one's life (Edgar & Fitzpatrick, 1988; Edgar, Hammond, & Freimuth, 1989).

Health professionals realize that teaching communication skills to negotiate the adoption of safe sex practices is quite challenging. However, according to Edgar, et.al. (1988), the challenge lies in the fact that the interpersonal skills are vital to the sexual encounter. Dr. Grieco (1987), in "Cutting the Risks for STDs", addresses just that issue. Overall, in his article he contends that the public may now be more receptive to new initiatives to curb the STD epidemic. Therefore, the following seven steps have been designed to help you [health professionals] motivate your patients and teach them interpersonal skills. The suggested steps are as follows: (1) desensitize the patient, (2) offer limited, specific information, (3) explicitly endorse the use of condoms, (4) rehearse specific scenarios with the patient, (5) provide behavioral scripts, (6) suggest gradual practice, and (7) identify alternatives to unprotected coitus.

The seven step process is a good solid approach to the prevention of unsafe sexual practices. The steps are sound advice because they address the issues of interpersonal communication and sexual negotiation from a perspective which is beneficial to the ultimate goal of behavior modification. The steps key into the multifaceted nature of the behavior modification process by

concentrating an awareness, knowledge, and motivation (Edgar, Hammond & Freimuth, 1989).

On the other hand, it is proposed that the author neglects a few pertinent issues. First his strategies are not exhaustive, because he does not consider the other possible situations such as lying or avoidance (McCormick, 1979). Secondly, he never explains why these scenarios are strategic in obtaining compliance. It is just assumed that they are appropriate. Furthermore, the author does not mention what happens after the script is used by one of the partners. Consideration does not seem to be given to whether or not the partner agrees or to whether or not messages appear to be accepted. Finally, there is a hint of naivety in that the author assumes that one message will result in compliance. "If one were to simply read the compliance-gaining research, one would come away with a magic bullet theory of interpersonal communication. Fire the right message and in one shot, hit the target so that compliance is assured" (Edgar & Fitzpatrick, 1989, p. 16). In defense of the author, it appears that he was prepared for criticism since he included a disclaimer in the text of the article. He professes in the conclusion of the article...."there are, at this time, no absolute guarantees that these specific recommendations are invariably effective in modifying behaviors so as to prevent STDs" (Grieco, 1987,p.84). Dr. Grieco (1987) continues to say that "there is little question, however, that the glaring omission of systematic training in the interpersonal skills needed to make use of effective (condom) prophylaxis warrants the inclusion of this type of training in any future educational plans and programs" (p.84).

In summary, prevention, through the use of message strategies in sexual influence situations, is a function of interpersonal communication and persuasion. As has been argued, the ability to influence another persons's attitudes or behaviors through discussion is essential in the adoption of safe sex practices. Thus, the goal of cultivating interpersonal skills and applying them to safe sex negotiations between sexual partners has been reached.

CONCLUSION

It would be wonderful if we lived in an ideal world where the individuals who lacked negotiation skills as well as those who have had no direct experience in discussing and resolving sexual topics with their partners, would come forward and ask for help. It would be even better if there were health professionals versed in interpersonal skills to counsel these clients (Shernoff, 1988), especially when communication is one of the strongest prevention weapons (Edgar, Hammond, & Freimuth, 1989). The effort by Grieco (1987) makes a contribution to changing the ideal world to the real by stressing interpersonal communication and its importance to the health professional and the client.

From what one can gather,

> the elaboration of the variety of ways that individuals can linguistically use to "get their own way" has important social consequences. Such elaboration teaches that there are numerous routes that individuals can use to gain compliance from others. Furthermore, when the persuader meets resistance, having a number of strategies at one's disposal is not only the sign of a skilled communicator but also may, in the case of the AIDS crisis, literally save ones' life (Edgar & Fitzpatrick, 1988, p.400).

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Appendix I

Discussing Condoms with Resistant, Defensive, or Manipulative Partners

Partner Response	Rejoinder
Manipulative Ploys	
"This is an insult! You seem to think I'm some sort of disease ridden slut or gigolo."	"I didn't say or imply that. I care about us both and about our relationship. In my opinion, it's best to use a condom."
"None of my other boyfriends use a condom. A real man is not afraid."	"Please don't compare me to them. A real man cares about the woman he dates, himself, and their relationship."
"You didn't make Jerry use a condom when you went out with him."	"It bothers me that you and Jerry talk about me that way. If you believe everything Jerry says, I won't argue with you."
"I love you! Would I give you an infection?"	"Not intentionally, of course not. But many people don't know they're infected. I feel this is best for both of us at this time."
"Just this once."	"Once is all it takes."
"I don't have a condom with me."	"I do." or "This time, we can satisfy each other without intercourse."
"You carry a condom around with you?! You were planning to seduce me!"	"I always carry one with me because I care about myself. I made sure I had one with me tonight because I care about us both."
"I won't have sex with you if you're going to use a condom."	"Let's put it off then, until we have a chance to work out our differences." or "OK. But can we try some other things besides intercourse?"

Discussing Condoms with Resistant, Defensive, or Manipulative Partners

Partner Response	Rejoinder
You Don't Need It	
"I'm on the Pill, you don't need a condom."	"I'd like to use it anyway. It protects us both from infections we may not realize we have."
"I know I'm clean (disease-free); I haven't had sex with anyone in X months."	"Thanks for telling me. As far as I know, I'm disease-free too. But I'd still like to use a condom since either of us could have an infection and not know it."
"I'm a virgin."	"I'm not. This protects us both and the relationship."
It's a Turn-Off	
"I can't feel a thing when I wear a condom; it's like wearing a raincoat in the shower."	"I know there is some loss of sensation and I'm sorry about it. But there's still plenty of sensations left."
"I'll lose my erection by the time I stop and put it on."	"Maybe I can help you put it on--that might give you extra sensations, too."
"By the time you put it on, I'm out of the mood."	"I know it's distracting but what we feel for each other is strong enough to stay in the mood."
"It destroys the romantic atmosphere."	"It doesn't have to be that way. It may be a little awkward the first time or two but that will pass."
"It's so messy and smells funny."	"Well, sex is that way. But this way we'll be safe."
"Condoms are unnatural, fake, a total turn-off."	"There's nothing great about genital infections either. Please let's try to work this out--either give the condom a try or let's look for alternatives."
Alternatives	
"What alternatives do you have in mind?"	"Just petting and maybe some manual stimulation. Or we could postpone orgasm, even though I know we both want it."